

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.
ATTORNEYS AT LAW

767 THIRD AVENUE, NEW YORK, N.Y. 10017-2023

LEONARD HOLTZ
HERBERT GOODMAN
WILLIAM R. WOODWARD (1914-1994)
MICHAEL J. CHICK
RICHARD S. BARTH
DOUGLAS HOLTZ
ROBERT P. MICHAL
TELEPHONE: (212) 319-4900
FACSIMILE: (212) 319-5101

Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

Express Mail Mailing Label
No.: EL 963 137 967 US

Date of Deposit: October 10, 2003

I hereby certify that this paper is
being deposited with the United
States Postal Service "Express Mail
Post Office to Addressee" service
under 37 CFR 1.10 on the date
indicated above and is addressed to
the Commissioner for Patents,
Washington, D.C. 20231

B. Villani
Barbara Villani
Attorney Docket No. 03613/LH

17543 U.S.PTO
10/684354
10/1003

Pursuant to 37 CFR 1.53(b), transmitted herewith for filing is the patent application of

Inventor(s): Naoto MORIYAMA of Hachioji-shi, Japan
Wataru MOTOKI of Hachioji-shi, Japan
Takao SHIBASHI of Hachioji-shi, Japan
Mamoru UMEKI of Hachioji-shi, Japan

Title: "MEDICAL IMAGE PHOTOGRAPHING SYSTEM AND MEDICAL IMAGE PHOTOGRAPHING
METHOD"

Priority Claim (35 U.S.C. 119) is made, based upon:

Japan	No. 2002-317243	filed October 31, 2002
Japan	No. 2003-084708	filed March 26, 2003
Japan	No. 2003-084753	filed March 26, 2003
Japan	No. 2003-091600	filed March 28, 2003

ASSIGNMENT INFORMATION FOR PUBLICATION:

KONICA MINOLTA HOLDINGS, INC.
6-1, Marunouchi 1-chome, Chiyoda-ku,
Tokyo 100-0005, Japan

Enclosed herewith are:

Specification (Description, Claims, Abstract): Pages 1 - 140; Number of claims 1 - 28

Declaration and Power of Attorney executed; unexecuted (supplied for information purposes)

40 Sheets of drawings, Figures 1 - 38 Formal Informal

Assignment and "Patents" Recordation Form Cover Sheet (PTO-1595) AND \$40. RECORDATION FEE.

Certified copies of priority documents identified above

Information Disclosure Statement: Form PTO/SB/08A

Preliminary Amendment

Verified Statement(s) Claiming Small Entity Status

Change of Correspondence Address (Form PTO/SB/122)

Receipt Postcard

	Number Filed	Number Extra	Rate	Calculations
Total Claims	28	-20	= 8	x \$18.00 = \$ 144.00
Independent Claims	2	-3	= 0	x \$86.00 = \$ _____
MULTIPLE DEPENDENT CLAIMS			+ \$290.00 =	\$ _____
			BASIC FEE	\$ 770.00
			Total of above Calculations	\$ 914.00

To the extent not tendered by check, authorization is given to charge any fees under 37 CFR 1.16 and 1.17 during pendency of the application, or to credit any overpayment, to Deposit Account No. 06-1378. Duplicate copy of this letter is enclosed.

FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.

By: *D. Holtz*

DOUGLAS HOLTZ
Reg. No. 33,902

LH:bv

12/00

Please type a plus sign (+) inside this box → [+]

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents Washington, D.C. 20231	Application Number	
	Filing Date	Herewith
	First Named Inventor	MORIYAMA
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	03613/LH

Please change the Correspondence Address for the above-identified application
to:

Customer Number [01933] →
Type Customer Number here



01933
PATENT TRADEMARK OFFICE

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State	ZIP	
Country				
Telephone		Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 Attorney or Agent of record.
 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed

Name Douglas Holtz, Reg. No. 33,902

Signature

Date

October 10, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required. See below.

Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, . DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.